

**Title of Training –11-09**  
**Date of Training**  
**Location of Training**  
**Sponsored by Information**

Your primary role as it applies to this training: ☐ Superintendent ☐ Principal  
☐ Special Ed/Co-op Director ☐ Teacher ☐ Title I Teacher  
☐ Special Education Teacher ☐ Curriculum Coordinator ☐ Consortium Director  
☐ Librarian/Media Specialist ☐ Paraprofessional ☐ State Agency Staff  
☐ Gifted and Talented Staff ☐ Parent ☐ Early Childhood Educator  
☐ Other (specify) \_\_\_\_\_  
☐ Support Staff (administrative assistant, bus driver, custodial staff, food service staff)  
☐ Specialist (SLP, OT, PT, School Psych, School Counselor, Interpreter)

At what level do you work? (check all that apply)  
☐ Birth–3 ☐ PRE-K ☐ K-5 ☐ 6-8 ☐ 9-12 ☐ K-8 ☐ K-12 ☐ Post Sec ☐ Adult

Do you work in a school that receives Title I funds and is identified for improvement, corrective action or restructuring? ☐ Yes ☐ No

Your school district is located in what Montana county? \_\_\_\_\_

Is your attendance at this workshop (check one) ☐ mandatory ☐ voluntary  
Are you attending this workshop (check one) ☐ with a team ☐ alone

CONTENT	Strongly Agree			Strongly Disagree
Overall, the presenters demonstrated thorough knowledge of the topic.	4	3	2	1
The content presented was aligned with my needs/requests.	4	3	2	1
The support I received through this training was well-planned.	4	3	2	1
The content addresses one or more of our team priorities for improvement.	4	3	2	1
The content addresses one or more of our organization's priorities for improvement.	4	3	2	1

PROCESS	Strongly Agree			Strongly Disagree
The materials used helped or enhanced my learning.	4	3	2	1
The time allotted for the topic covered was appropriate.	4	3	2	1
The discussions and/or activities were engaging and enhanced my learning.	4	3	2	1
I was given an opportunity for collaborative learning using the new ideas.	4	3	2	1

Level III

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**FACILITIES**

	Strongly Agree			Strongly Disagree
The workshop facilities and refreshments were adequate.	4	3	2	1
Would you recommend this session to a colleague?	Yes		No	

For each of the following statements, indicate how you would rate your knowledge level at the end of the session. Please circle a response:

	Strongly Agree			Strongly Disagree
Objective 1	4	3	2	1
Objective 2	4	3	2	1
Objective 3	4	3	2	1
Objective 4	4	3	2	1
Objective 5	4	3	2	1
Objective 6	4	3	2	1

As a result of participating in this workshop, list two strategies you can implement in your setting to improve student/child/client outcomes.

What changes or improvements would you suggest to the:  
 Presenter?

Organizer?

What addition resources, trainings, or supports do you need for implementing these strategies?

Any other comments?

Level III

Format: